

SUBMIT: COMPLETED APPLICATION/TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 MAR 27 2015  
 Bayfield Co. Zoning Dept.

Permit #: 15-0184  
 Date: 5-8-15  
 Amount Paid: \$880  
 Refund: 5-8-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are made payable to: Bayfield County Zoning Department.  
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Joe Robbins  
 Address of Property: 34635  
 City/State/Zip: 1887 16 1/2 Ave  
 Contractor: Herb Star  
 Authorized Agent: (Person Signing Application on Behalf of Owner(s))  
 Agent Phone:  
 Agent Mailing Address (include City/State/Zip):  
 Recorded Document: (i.e. Property Ownership) Volume 808  
 Page(s) 1

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4  
 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:  
 Section 04, Township 44 N, Range 07 W  
 Town of: Hobbs Grove

Distance Structure is from Shoreline: 445 feet  
 Distance Structure is from Floodplain: 445 feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  No  Yes

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If Yes---continue  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If Yes---continue

Value at Time of Completion: \$ 300  
 \* include donated time & material

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sanitary (Pit) or Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	
<input checked="" type="checkbox"/> Shed ATE	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> No Foundation	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it) Length: 17 Width: 12 Height: 12  
 Proposed Construction: Length: 17 Width: 12 Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	12 x 17 on site on corner by corner 5-7-15	612 204
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	( )
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( )	( )
<input type="checkbox"/> Rec'd for Use	Addition/Alteration (specify)	( )	( )
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
	Special Use: (explain)	( )	( )
	Conditional Use: (explain)	( )	( )
	Other: (explain)	( )	( )

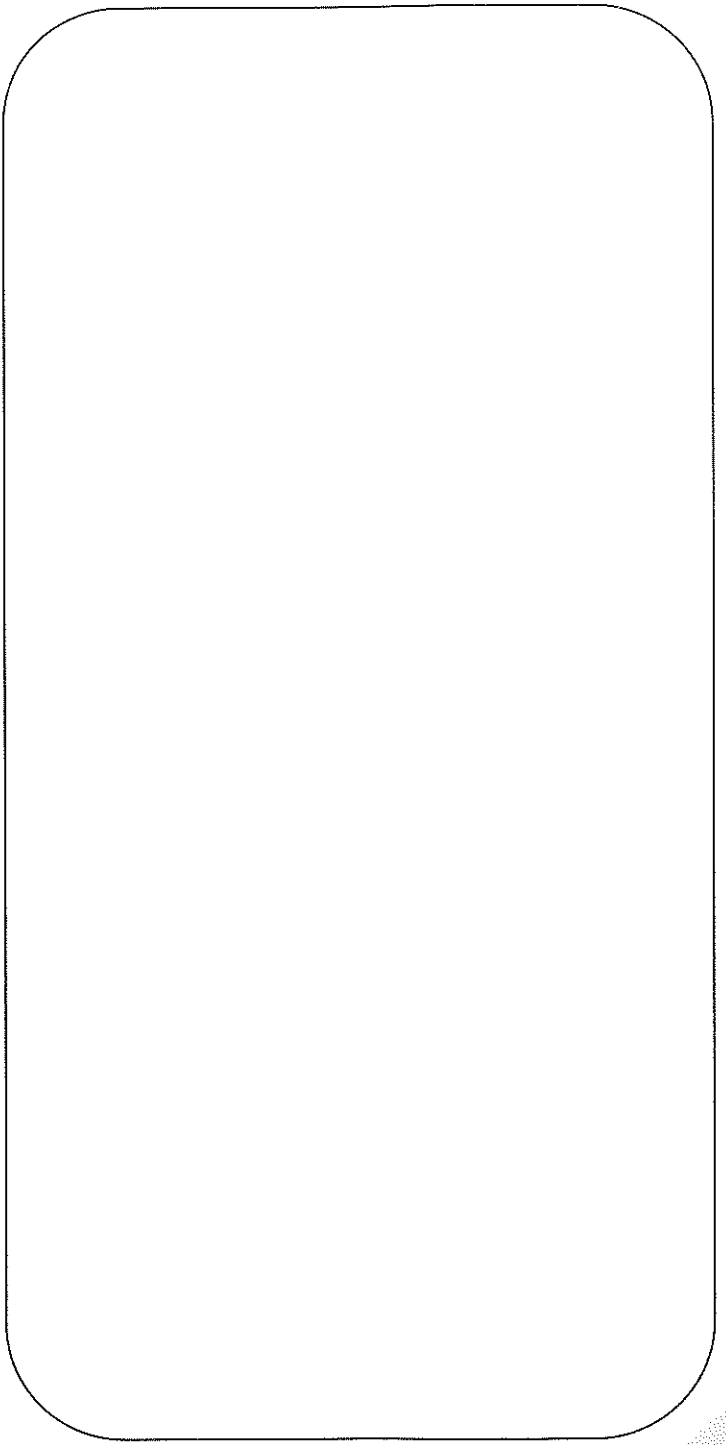
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: [Signature]  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Date: 3-24-15

Address to send permit: \_\_\_\_\_  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed  
 Attach

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	260 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	850 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	250 Feet	Setback from Wetland	
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	820 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

did not mark (g) stake  
 in report. (g) stake  
 mark proposed location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Issuance Information (County Use Only)  
 Permit Denied (Date): \_\_\_\_\_ Sanitary Number: none # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Reason for Denial: no well

Permit #: 15-0124 Permit Date: 5-8-15  
 Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No  
 Parcel In Common Ownership  Yes (Used/Contiguous Lots)  No  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_  
 Was Parcel Legally Created  Yes  No ATE  
 Was Proposed Building Site Delineated  Yes  No

Inspection Record: Spoke w/ owner re: RV. He does bring RV up back  
down w/ it. He was advising about sanitation @ 21 days  
in a cabin year + that he would not need a permit for  
the RV itself.  
 Date of Inspection: 4-27-15 Inspected by: J. Thompson The RV itself. OK  
 Zoning District: (A-1)  
 Lakes Classification: (A-1)

Conditions: Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
Building shall not be used for sleeping purposes. Any RV on  
site greater than 21 days requires permit for sanitation  
but does not require specific use class. A DUE TO PRINCIPAL  
STRUCTURE APPROVED WITH THIS PERMIT  
 Signature of Inspector: \_\_\_\_\_  
 Date of Approval: 5-8-15

Hold For Sanitary:  Hold For Tab:  Hold For Affidavit:  Hold For Fees:

© October 2013 (not sure where doing got 172 in his previous letter)



